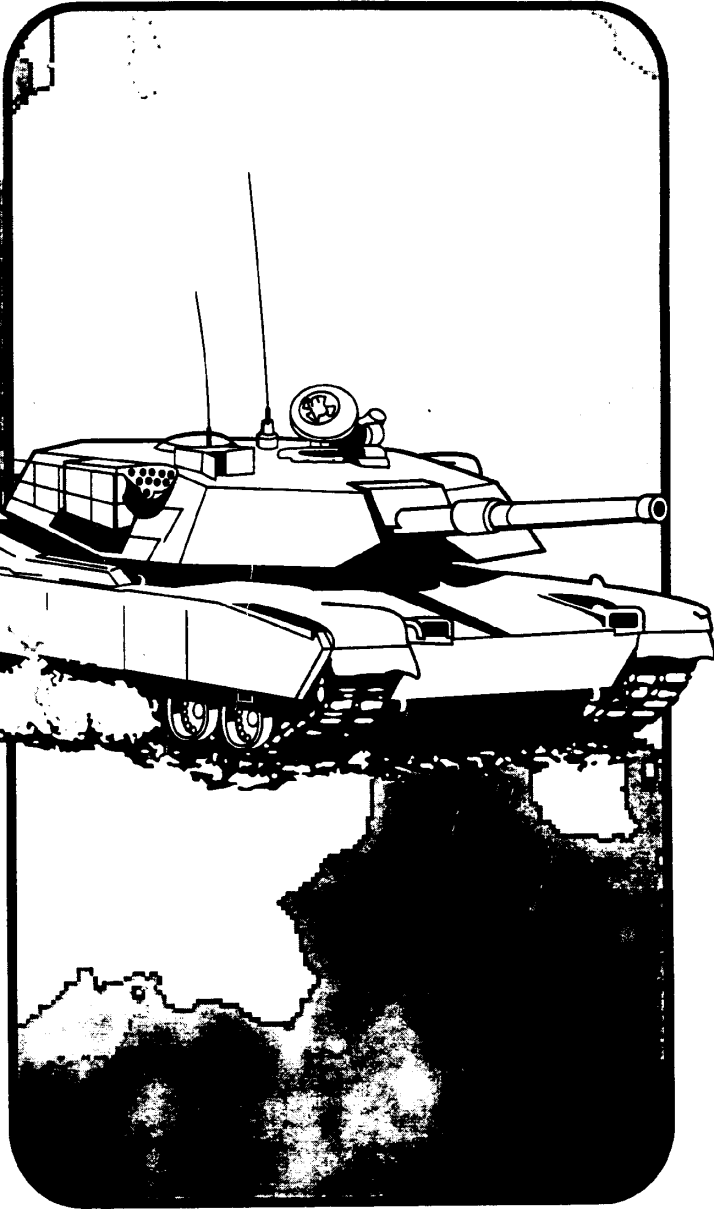
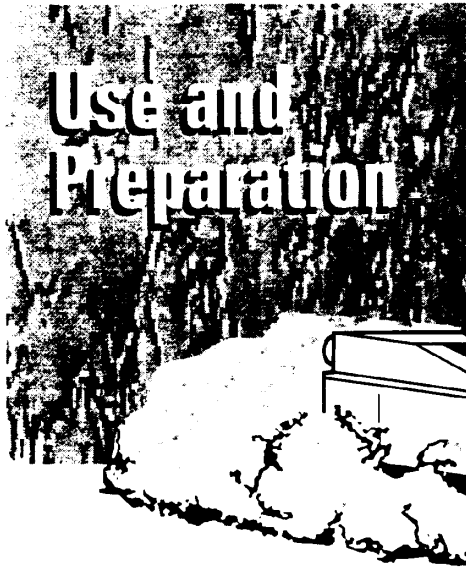


AGAR

Abbreviated Ground Accident Report



U.S. ARMY SAFETY CENTER

April 1995

Revised March 2000 for Cadet Command



Cadet Command Safety

(757) 727-4615

DSN: 680-4615



Table of Contents

All accidents	1
On-duty accidents	1
Off-duty accidents	1
Combat-accident reporting	2
Forwarding forms	2
Sample DA Form 285-AB-R	3
Detailed instructions for AGAR	5

DA Form 285-AB-R, The U.S. Army Abbreviated Ground Accident Report (AGAR) can be downloaded from Army Pubs website: <http://www.usapa.army.mil/forms/forms1.html> in the following formats: FormFlow, PerFORM Pro, PDF and JetForm.

POC: Mr. Kevin O. Strohschein, CSP
Cadet Command Safety Manager
(757) 727-4615
DSN: 680-4615
E-mail: strohschein@monroe.army.mil

**DA Form 285-AB;
Abbreviated Ground Accident Report
(AGAR) is a two-page fill-in-the-block form
to be used for ground accidents in
accordance with AR 385-40.**

Summary of Reporting Requirements and Suspenses

All accidents

All accidents (regardless of accident class or personnel duty status) must be reported to the local safety office and to the immediate commander or supervisor whose operation, personnel, or equipment is involved.

On-duty accidents

- **Class A & B accidents.** The U.S. Army Safety Center (USASC) must be notified immediately about any on-duty Army ground accident. The information required is on the "Telephonic Notification of Ground Accident" worksheet in AR 385-40. These accidents will not require submission of an AGAR, but they will require follow-up with a completed DA Form 285 or appropriate Department of Labor form for civilian personnel accidents involving injury.
- **Class C & D accidents.** All Class C and D accidents will be reported on the AGAR within 30 days of accident occurrence or on appropriate Department of Labor form for civilian personnel injuries. No DA Form 285 will be required. Appropriate additional information may and should be attached to the AGAR when it is forwarded to USASC.

Off-duty accidents

Class A & B accidents. The U.S. Army Safety Center must be notified immediately about any off-duty Army ground accident. The information required is on the "Telephonic Notification of Ground Accident" worksheet in AR 385-40. These accidents will require follow-up with a completed AGAR within 30 days of accident occurrence.

Class C & D accidents. All Class C and D accidents will be reported on the AGAR within 30 days of accident occurrence.

Combat accident reporting

- **All classes of accidents.** As long as conditions permit, standard accident investigation and reporting procedures will be followed. When the senior tactical commander determines that the situation, conditions, and/or time does not permit normal investigating and reporting, all accidents (Class A-D) will be reported on the AGAR as soon as time permits, not to exceed 30 days after the accident. Method of transmission should be dictated by available resources. Class A and B initial-notification will be telephonic to USASC or its field representative in the theater of operations.

GROUND ACCIDENTS NOTIFICATION & REPORTING REQUIREMENTS & SUSPENSES *					
	PEACETIME			COMBAT ²	
ACCIDENT CLASS	TELEPHONIC NOTIFICATION WORKSHEET	AGAR	DA FORM 285	TELEPHONIC NOTIFICATION WORKSHEET	AGAR ONLY By Any Means Possible (Message, E-mail, FAX, Phone, Mail)
<u>ON-DUTY</u>					
A	Immediately ¹	Not Required	IAI/CAI – 90 days	Immediately ¹	As Time Permits (Not to Exceed 30 days)
B	Immediately ¹	Not Required	IAI/CAI – 90 days	Immediately ¹	As Time Permits (Not to Exceed 30 days)
C	Not Required	Within 30 days	Not Required	Not Required	As Time Permits (Not to Exceed 30 days)
D	Not Required	Within 30 days	Not Required	Not Required	As Time Permits (Not to Exceed 30 days)
<u>OFF-DUTY</u>					
A	Immediately ¹	Within 30 days	Not Required	Immediately ¹	As Time Permits (Not to Exceed 30 days)
B	Immediately ¹	Within 30 days	Not Required	Immediately ¹	As Time Permits (Not to Exceed 30 days)
C	Not Required	Within 30 days	Not Required	Not Required	As Time Permits (Not to Exceed 30 days)
D	Not Required	Within 30 days	Not Required	Not Required	As Time Permits (Not to Exceed 30 days)
NOTE: 1. USASC must be notified IMMEDIATELY by phone at DSN 558-2660/2539/3410 or Commercial (334) 255-2660/2539/3410 or notify USASC Safety Rep forward (during combat). 2. ONLY when the senior tactical commander determines that the situation, conditions, and/or time does not permit normal peacetime investigating and reporting. * Army civilian injury only accidents should be reported on appropriate Department of Labor (DOL) form IAW AR 385-40.					

Forwarding forms

Region and Camp Safety Officers will transmit the completed AGAR to the Cadet Command Safety Manager electronically, by message or by mail. When time-sensitive safety-of-use issues are involved, the AGAR can be telefaxed directly to USASC (334-255-2266, DSN 558-2266). Reports can be forwarded to the Cadet Command Safety Manager by —

- Mail: Commander, U.S. Army Cadet Command, Attn: ATCC-TS (Safety)
90 Ingalls Road, Building 100
Fort Monroe, VA 23651-5000
- E-mail: strohscheink@monroe.army.mil
- Fax: (757) 728-5454 or DSN: 680-5454

Note: Safety Officers should furnish a copy of AGAR to local installation Safety Office.

The Cadet Command Safety Manager will forward AGARs to TRADOC SAFE, Fort Monroe.

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR)										REQUIREMENT CONTROL SYMBOL CSOCS-308									
For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA																			
1. TIME & DATE OF ACCIDENT		a. Yr. 94	b. Mth. 01	c. Day 21	d. Time 2330	2. PERIOD OF DAY		Day	Night	3. ACCT CLASS		A	4. ACCT OCCURRED DURING		Combat	X Non-Combat			
5. UNIT IDENTIFICATION		a. UIC (6-digit Code)	WABCCO		b. Name of Unit		Co C, 3d Bn, 6th AR		c. Unit's Branch		AR		d. MACOM		COCOM				
6. LOCATION OF ACCIDENT		a. Exact Location (Detailed enough to locate site)	Interstate 10, near Tepeetown, WA, at mile marker 101																
7. EXPLOSIVES/AMMO		a. Present <input type="checkbox"/> No <input checked="" type="checkbox"/> b. Involved <input type="checkbox"/> No <input checked="" type="checkbox"/> b. METL Task? <input type="checkbox"/> No <input checked="" type="checkbox"/>																	
8. MISSION		a. Briefly describe the mission	OFF Duty																
9. VEHICLE/EQUIPMENT/MATERIAL INVOLVED		Material Failure/Malfunction Information																	
a. Type of Item (Nomenclature)		b. Model #	c. Ownership	d. Estimated Cost of Damage	e. Vehicle Collision	f. Failure Mode	g. Part Nomenclature	h. Part #	i. Part NSN	j. Part Manufacturer Code	k. EIR/QOR Submitted								
#1 1993 Chev		Camero	POV	\$14,000.00	7, 5	07	Tire, Radial	Unk	Unk	Unk	Yes								
#2											Yes								
10. WHY DID THE MATERIAL FAIL/MALFUNCTION? (Check the root cause(s) in Block a. In Block b, explain how the root cause(s) led to the material failure/malfunction.)																			
b. Describe how the material failed/malfunctioned and explain why (root cause) Left front tire failed because of a defective spot in the tire wall.																			
11. NAME (Last, First, MI) (Include Address & UIC if different than Block 5a & b.)																			
DRIVER, RICK L.																			
21. DAYS HOSPITALIZED																			
22. WORKDAYS																			
a. Lost																			
b. Restricted																			
23. CODE																			
24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK																			
Operating a POV on an Interstate Highway.																			
25. PERSONAL PROTECTIVE EQUIP																			
a. Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
b. Type of equip																			
c. Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
d. Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
26. ALCOHOL/DRUGS CAUSED/CONT																			
27. EQUIP THIS PERSON WAS ASSOCIATED WITH? (Enter item No. from Block 9a)																			
#1																			
28. LICENSED TO OPERATE EQUIP																			
29. HRS ON DUTY																			
30. HRS SLEEP																			
31. TACTICAL TRAINING																			
32. TYPE TRAINING FACILITY																			
33. LAST TRAINING																			
34. FIELD TRAINING EXERCISE																			
35. NIGHT VISION SYSTEM USED																			
a. Mistake <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
b. Code																			
40																			
36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT? In Block a, indicate if individual made a mistake. If yes provide the code (from instructions) in Block b and describe in Block c.																			
c. Tell what the mistake was and how it caused/contributed to the accident. The driver was exceeding the posted speed limit of 65 mph, and was unable to control the vehicle, when the left front tire blew out.																			

37. WHY WAS THE MISTAKE MADE (ROOT CAUSE) (Check the root cause(s) in Blk a. In Blk b. tell how the root cause(s) led to the mistake.)									
LEADER		TRAINING		STDS/PROCEDURES		SUPPORT		INDIVIDUAL	
(Not ready, willing to enforce standards)		(Insufficient in Content/Amount)		(Not clear/practical)		(Shortcomings in type, capability, amount or condition of equipment/supplies/services/facilities)		(Mistake due to own personal factors)	
Direct Supervision		School		AR		Equip/Material Improperly designed		Poor/Bad attitude	
Unit Command Supervision		Unit		TM		Equip/Material not provided		Overconfident	
Higher Command Supervision		Experience, OJT		FM		Inadequate Facilities/Services		In a hurry	
						Other		Fear/Excitement	
<p>b. Describe root cause(s) (reason) and tell how/when caused the mistake</p> <p>The driver was overconfident in his ability to control the vehicle at a high rate of speed, because he frequently exceeded 80 mph, while driving on the interstate, with no difficulties or accidents.</p>									
<p>38. ENVIRONMENTAL CONDITIONS</p> <p>a. Present: #1 <u>A</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unit <input type="checkbox"/></p> <p>#2 <u>---</u> Yes <input type="checkbox"/> No <input type="checkbox"/> Unit <input type="checkbox"/></p> <p>#3 <u>---</u> Yes <input type="checkbox"/> No <input type="checkbox"/> Unit <input type="checkbox"/></p>									
<p>39. PROVIDE BRIEF SYNOPSIS OF ACOT (Use additional sheets if required) (Explain sequence of events, tell how each happened.)</p> <p>The 1993 Chevrolet Camaro was traveling west on I-10, at a high rate of speed (approximately 80 mph), near the Tepeetown, Washington, exit, at mile marker 101, when the left front tire blew out. The vehicle veered sharply to the left and struck the median guardrail, then flipped end over end into the opposing traffic lane, coming to rest inverted. The driver received fatal injuries and the vehicle was extensively damaged.</p>									
<p>40. CORRECTIVE ACTIONS TAKEN OR PLANNED</p> <p>Inform assigned personnel of the facts and circumstances surrounding this accident, with emphasis on obeying traffic laws.</p>									
<p>41. POINT OF CONTACT FOR INFORMATION ON THE ACCIDENT</p>									
a. Name (Last, First, MI)				b. Telephone #		DSN: 222-3444			
ADVISOR, ROBERT A.						COM: (201) 774-3444			
42. COMMAND REVIEW a. Name				c. Rank		43. SAFETY OFFICE REVIEW			
RICHARD F. FOREMAN				MAJ		a. Name		JOHN D. SAFEMAN	
b. Signature				d. Date		940210		b. Date	
<i>Richard F. Foreman</i>								940208	
<p>REVERSE OF DA FORM 285-AB-R JUL 84</p>									

Sample AGAR page 2.

Detailed instructions for AGAR

Type or print all entries. Continue on blank sheets of paper if necessary, indicating the date of the accident, the unit/activity accountable for the accident, and the blocks being continued.

For accidents involving more than one person, the entire form will be completed on the most responsible reportable person. An additional AGAR with Blocks 1, 5, and 11 through 37 will be completed for each additional person involved in the accident. "Involved" means any person who was injured or who took actions or made decisions that caused or contributed to the accident. Witnesses and uninjured passengers are not considered involved unless their actions caused and/or contributed to the accident.

The following instructions for block completion are keyed to block numbers.

Block 1. Enter the year, month, and day of the accident. Also enter the local time of the accident.

Block 2. Check the block that best describes when the accident occurred (day or night). Day is from first light to full night (dark). Night is from full dark (full night) to first light.

Block 3. Enter your estimate of the accident's classification: A, B, C, or D

Class A Accident. The resulting total cost of reportable damage is \$1,000,000 or more, an Army aircraft, missile, or spacecraft is destroyed, or an injury and/or occupational illness results in a fatality or permanent total disability.

Class B Accident. The resulting total cost of reportable property damage is \$200,000 or more but less than \$1,000,000, an injury and/or occupational illness results in permanent partial disability, or five or more personnel are inpatient hospitalized.

Class C Accident. The resulting total cost of property damage is \$10,000 or more but less than \$200,000, a nonfatal injury causes any loss of time from work beyond the day or shift on which it occurred, or a nonfatal illness or disability causes loss of time from work or disability at any time (lost-time case).

Class D Accident. The resulting total cost of property damage is \$2,000 or more but less than \$10,000 (injuries that do not meet the criteria are not required to be reported to USASC).

Block 4. Check the appropriate box. See AR 385-40's glossary for the definition of a combat accident.

Block 5. Enter the unit or activity accountable for this accident. Also, enter the abbreviation of the unit's branch (branch of the Army with which unit is affiliated) from the list below.

NOTE: If accident was caused solely by materiel failure or environmental factors, enter the unit or activity experiencing the accident.

AG	Adjutant General's Corps
AD	Air Defense Artillery
AR	Armor
SP	Army Medical Specialist Corps
AN	Army Nurse Corps
AV	Aviation
CH	Chaplain
CM	Chemical
DC	Dental Corps
EN	Engineers
FA	Field Artillery
FI	Finance Corps
IN	Infantry
JA	Judge Advocate General's Corps
MC	Medical Corps
MS	Medical Service Corps
MI	Military Intelligence
MP	Military Police
OD	Ordnance
PA	Public Affairs
QM	Quartermaster Corps
SC	Signal Corps
SF	Special Forces
TC	Transportation Corps
VC	Veterinary Corps

Block 6a. Enter the exact location of the accident (e.g., building number, street name and number, distance from nearest landmark, etc.).

Block 6b. Enter one code from the list below for the primary function of the accident location.

Maintenance/fabrication facility

- A1 Vehicle facility (motor pool, maintenance shop)
- A2 Aircraft facility (hangar)
- A3 Vessel facility (boat overhaul/rebuild facility)
- A4 Engineer facility (carpentry/electrical/plumbing shop)
- A5 Other maintenance facility

Travel ways

- B1 Pedestrian way (sidewalk)
- B2 Vehicle trail (tank trail)
- B3 Roadway (street, curb, shoulder, driveway)
- B4 Parking lot
- B5 Aircraft way (flight line, runway)
- B6 Railroad

Other operational facilities/areas

- C1 Office building
- C2 Communications facility
- C3 Construction site
- C4 Security/law-enforcement facility
- C5 Bridge
- C6 Dam
- C7 Navigation locks
- C8 Barge
- C9 Dredge
- C10 Floating plant
- C11 Vessel (not elsewhere coded)
- C12 ARNG/Reserve armory

Training areas

- D1 Range—small arms/individual weapons
- D2 Range—crew-served weapons
- D3 Range—aerial firing/bombing
- D4 Range—infiltration course

- D5 Dedicated nonfiring training area (obstacle/confidence course, parachute drop zone, landing zone, stagefield)
- D6 Temporary training area (unit assembly area, bivouac area)
- D7 Range — EOD

Service facilities

- E1 Library
- E2 Chapel/church
- E3 Child-care center
- E4 Post office
- E5 Laboratory
- E6 Medical care facility
- E7 Fire station
- E8 Commissary
- E9 Post exchange
- E10 Dining facilities
- E11 Post exchange, service station, gas station
- E12 Museum
- E13 Animal-care facility
- E14 Refuse disposal area
- E15 Laundry/cleaning facility

Terrain and water locations

- F1 Sloped terrain (ditch, mountain)
- F2 Wooded terrain (forest, swamp, marsh)
- F3 Open terrain (field, desert)
- F4 Moving bodies of water (creek, stream, river)
- F5 Standing bodies of water (pond, lake, ocean)
- F6 Lake shore/beach
- G1 Storage facilities (ammunition bunker, warehouse, barn, storage shed)
- G2 Outside storage area (POL dump, property disposal area)

Plants and factories

- H1 Heating plant
- H2 Printing plant
- H3 Electric generating plant (includes power substations)

- H4 Ammunition/weapons manufacturing plant
- H5 Other industrial plants and factories

Recreation/entertainment facilities

- I1 Indoor facilities (bowling alley, gym, movie theater, swimming pool)
- I2 Outdoor facilities (playing fields, golf course, swimming pool)

Housing facilities

- J1 Family housing
- J2 Individual housing (BOQ, barracks, rooms)

Freight and passenger terminals

- K1 Airport/airfield (includes control tower)
- K2 Rail station/yard
- K3 Port/dock/wharf
- K4 Vehicle terminal (bus station, truck terminal)

School facilities

- L1 Kindergarten through grade 12
- L2 Army-operated technical/ occupational training facilities/ classrooms (aviation/maintenance school)
- L3 Non-Army-operated technical/ occupational training facilities/ classrooms (university/college classes)

Hobby shop

- M1 Auto hobby shop
- M2 Woodworking hobby shop
- M3 Other hobby shop

Block 6c. Enter the name of the state or country in which the accident occurred.

Block 6d. Indicate whether the accident occurred on- or off-post; if on-post, enter the name of the installation/activity.

Block 7a. Check yes if explosives, ammunition, or pyrotechnics were PRESENT.

Block 7b. Check yes if explosives, ammunition, or pyrotechnics were INVOLVED.

Block 8a. Briefly describe the mission the individual or unit was conducting at the time of the accident. If off duty, so state.

Block 8b. Was the task a METL task? Check the appropriate box.

Block 9. "Involved" means vehicle/ equipment/ materiel/property that is damaged, whose use or misuse contributed to the accident, or whose materiel failure/malfunction caused or contributed to the accident. Include Army and non-Army equipment/materiel. Use one line for each piece of equipment or item and enter the requested information. Continue on blank paper if necessary.

Block 9a. Enter the name of the equipment/ materiel involved.

NOTE: If the item in block 9a experienced a materiel failure or malfunction that caused or contributed to the accident, complete blocks 9f-9k and block 10. If not, skip to block 11.

Block 9b. Enter the equipment model.

Block 9c. Indicate who owns the vehicle/ equipment/materiel (e.g., DOD, DA, unit, person).

Block 9d. Enter your estimate of the damage cost for the piece of equipment listed in block 9a.

Block 9e. From the list below, select the type(s) of collision in which this property/materiel was involved. More than one collision type might be appropriate for the property/materiel. If so, enter up to three in the space provided. If "Other" is selected, specify the type of collision in the space provided. If no collision was involved, leave blank.

- 1 = Going forward and collided with moving vehicle
- 2 = Going forward and collided with parked vehicle
- 3 = Collision while backing
- 4 = Collision with pedestrian
- 5 = Collision with object other than vehicle/pedestrian
- 6 = Overturned
- 7 = Ran off road
- 8 = Jackknifed
- 9 = Going forward and rear-ended moving vehicle
- 10 = Going forward and rear-ended stopped vehicle
- 11 = Collision while turning
- 12 = Other (specify)

Block 9f. Enter the code from the list below that indicates how the component or part failed or malfunctioned (mode of failure). Explanations of these codes are contained appendix B of DA Pam 385-40.

- 01 Overheated/burned/melted.
(Key words: blister, boil, carbonize, char, flame, fuse, glaze)
- 02 Froze (temperature).
(Key words: congeal, solidify)
- 03 Obstructed/pinched/clogged.
(Key words: block, crimp, restrict)
- 04 Vibrated. (Key words: oscillate, shake)
- 05 Rubbed/worn/frayed.
(Key words: abrade, chafe, fret, groove, score, scrape)
- 06 Corroded/rusted/pitted.
(Key words: erode, oxidize)
- 07 Overpressured/burst.
(Key words: balloon, bulge, explode, rupture, swell)

- 08 Pulled/stretched. (Key word: elongate)
- 09 Twisted/torqued. (Key word: turn)
- 10 Compressed/hit/punctured.
(Key words: chip, collapse, crush, dent, nick, pinch, press)
- 11 Bent/warped. (Key words: bow, buckle)
- 12 Sheared/cut. (Key words: chop, sever)
- 13 Decayed/decomposed.
(Key words: mildew, rot, spoil)
- 14 Electric current action.
(Key words: short, arc, fusing, grounding, amperage, voltage, surge)
- 97 Insufficient data to determine mode of failure.

Block 10. Materiel failures/malfunctions can be caused by shortcomings of leaders, standards/procedures, or support:

Leader failure: Standards/procedures are known but are not enforced.

Standards failure: Standards/ procedures are not clear/practical or do not exist (e.g., AR, TM, FM, SOP, etc.).

Support failure: Shortcomings in type, capability, amount, or condition of equipment, supplies, services, or facilities (equipment/materiel not provided or improperly designed, inadequate manufacture or maintenance, or inadequate facilities/services); shortcomings in personnel by quantity or qualifications.

Block 10a. Determine the underlying reason (root cause) the materiel failed or malfunctioned and check the block accordingly (see appendix B of DA Pam 385-40 for an explanation of code terms).

Block 10b. Describe how the materiel failed or malfunctioned and explain why (explain mode of failure from block 9f and root cause from block 10a).

Block 11. Enter the last name, first name, and middle initial of involved person. Also enter the UIC if it is different from that entered in block 5a.

Block 12. Enter the SSN of the individual listed in block 11.

Block 13. Enter the code from the list below for the classification (at the time of the accident) of the person listed in block 11. Enter only ONE code.

- a = Active Army
- b = Army civilian
- c = Army contractor
- d = Nonappropriated fund
- e = Other U.S. military
- f = ROTC
- g = Dependent
- h = NGB technician
- i = NGB IDT
- j = NGB AT
- k = NGB ADSW
- l = NGB AGR
- m = NGB ADT
- n = USAR IDT
- o = USAR AT
- p = USAR ADT
- q = USAR FTM
- r = Foreign Nat'l Direct Hire
- s = Foreign Nat'l Indirect Hire
- t = Foreign Nat'l KATUSA
- u = Foreign Nat'l attached to U.S. Army
- v = Public
- w = Not reported

Block 14. Enter the MOS or job series of the individual listed in block 11.

Block 15. Check the appropriate box to reflect the duty status at the time of the accident of the individual listed in block 11.

Block 16. Enter the age of the individual listed in block 11.

Block 17. Enter "M" for male or "F" for female.

Block 18. Enter the rank/pay grade for the individual listed in block 11 (e.g., E5, O3, GS-11, WG-8).

Block 19. Check the appropriate box (for government personnel only) to indicate the military flight status of the individual listed in block 11.

Block 20a. Enter the code that indicates the severity of the injury to the individual. If more than one applies, enter the *most severe*. See AR 385-40 for definitions of the following.

- a = Fatal
- b = Permanent total disability
- c = Permanent partial disability
- d = Days away from work
- e = Restricted work activity
- f = First aid only
- g = No injury

Block 20b. Enter the code that best describes this person's *most serious* injury type.

- NA = None/not applicable
- a = Burns (chemical)
- b = Burns (thermal)
- c = Amputation
- d = Decompression sickness
- e = Asphyxiation (suffocation)
- f = Fractures
- g = Dislocation
- h = Abrasions
- i = Concussion
- j = Sprain/strain
- k = Cuts/lacerations
- l = Contusion
- m = Puncture wound
- n = Hernia, rupture
- o = Frostbite
- p = Heatstroke
- q = Heat exhaustion
- r = Noise injury/illness
- s = Other (specify)

Block 20c. Enter the code that best describes the most *seriously injured* part of this person's body. (Body part entered here should be the one with the injury indicated in previous block.)

NA = None/not applicable
a = Body (general, cannot specify)
b = Head
c = Forehead
d = Eyes
e = Nose
f = Jaw
g = Neck
h = Trunk
i = Chest
j = Heart
k = Back
l = Shoulder
m = Arm
n = Wrist
o = Hand
p = Fingers
q = Leg
r = Knee
s = Ankle
t = Foot
u = Toes
v = Other

Block 20d. Enter the code that best describes the cause of the *most serious* injury to this individual (the event that resulted in the injury/illness).

NA = None/not applicable
a = Struck against
b = Struck by
c = Fell from elevation
d = Fell from same level
e = Caught in/under/between
f = Rubbed/abraded
g = Bodily reaction
h = Overexertion
i = Exposure
j = External contact
k = Ingested
l = Inhaled

m = Thrown from

Block 21. Enter the estimated or actual total number of days this individual will be hospitalized (inpatient/admitted) receiving treatment. Days hospitalized for "observation only" are not included.

Block 22a. Enter the estimated or actual number of days this individual will be away from work (totally unable to perform any work, on bed rest/quarters). Workdays lost does not include days hospitalized or the day of injury.

Block 22b. Enter the estimated or actual number of workdays the individual will not be able to perform all of his or her regular duties AFTER going back to work (light duty/profile).

Block 23. Enter the code from the list below that best describes the individual's activity at the time of the accident. Enter only one code. If the person was engaged in more than one activity at the time of the accident, check the one most relevant to the cause of the accident. See DA Pam 385-40 Glossary for explanation of activity codes.

a = Soldiering
b = Combat soldiering
c = Physical training
d = Weapons handling
e = Engineering or construction
f = Communications
g = Security/law enforcement
h = Firefighting
i = Patient care
j = Test/study/experiments
k = Educational
l = Information and art
m = Food & drug inspection
n = Laundry/dry cleaning
o = Pest/plant control
p = Operating vehicle/vessel
q = Handling animal
r = Maintenance/repair/servicing
s = Fabricating
t = Handling materiel/passengers

- u = Janitorial/housekeeping, etc.
- v = Food/drink preparation
- w = Supervisory
- x = Office
- y = Counseling/advisory
- z = Sports
- aa = Hobbies
- bb = Passenger
- cc = Human movement
- dd = Horseplay
- ee = Bystanding/spectating
- ff = Personal hygiene/eating/sleeping
- gg = Parachuting

Block 24. Enter a concise description of the individual's activity/task at the time of the accident.

Block 25a. Check YES or NO to indicate whether any personal protective clothing or equipment was required for the activity/task being performed by this individual. If YES, complete blocks 25b-d. If NO, skip to block 26.

Block 25b. Enter the code for the type of equipment that was required.

- a = Seatbelt
- b = Helmet
- c = Goggles/glasses
- d = Gloves
- e = Earplugs
- f = Other (specify)

Blocks 25c & d. If protective clothing and equipment was required, determine if it was available and used, available but not used, or not available. Then, enter YES or NO in the appropriate blocks to indicate the item's availability (block 25c) and use or nonuse (block 25d).

Block 26. Check the appropriate box to indicate whether or not alcohol/drugs caused or contributed to the accident.

Block 27. Enter the item number (e.g., #1, #2) from block 9a that indicates which piece of equipment this individual was associated with.

Block 28. If this individual was operating a vehicle or equipment (at the time of the accident) that required a license to operate, indicate if the individual had such a license (up-to-date). If no license was required or no equipment was being operated, skip to block 29.

Block 29. Enter the number of continuous hours (without sleep) this individual was on duty before the accident.

Block 30. Enter the number of hours of sleep (cumulative) this individual had in the past 24 hours.

Block 31. Indicate whether the activity listed in blocks 23 and 24 was part of tactical training (training in field environment that uses or develops combat or combat support skills (see note below)).

NOTE: For this report, the following definitions apply:

Tactical training = Training (in a field environment) that uses or develops combat or combat support skills.

Field exercise and tactical training = Begins when the individual reports to his or her primary duty location for movement to the field site and ends when he or she arrives back at the primary duty location from the field.

Block 32. If the individual was participating in any type of training, enter the code for the type of training facility being used (see FM 25-2 for definitions). (If not applicable, leave blank.)

- a = Garrison
- b = Local training area
- c = Major training area
- d = NTC
- e = JRTC
- f = CMTC
- g = Standard range facility/live fire
- h = Other (specify)

Block 33. For the activity specified in blocks 23 and 24, enter the number of months since the last time the individual received training before the accident.

Block 34. Check the appropriate box to indicate whether the individual was on a command designated field training exercise (FTX). Indicate the name of the exercise, if it has a name (e.g., Team Spirit, REFORGER, Gallant Eagle). Check NO if the individual was not participating in a field training exercise.

Block 35. Indicate if night vision systems (devices) were being used by this individual at the time of the accident (e.g., night vision goggles, AN/PVS-5-A). If used, specify the type. If they caused or contributed to the accident, explain in block 39.

Block 36a. *In your opinion*, did this individual make a mistake that caused and/or contributed to the accident? If the answer is YES, complete blocks 36b & c and block 37. If NO, skip to block 38.

Block 36b. Enter the code from the list below that best indicates the type of mistake made by this individual. See DA Pam 385-40, appendix B for explanation and examples of the mistake/error codes.

General mistakes/errors

- 01 Inadequate planning.
- 02 Failed to lock, block, or secure; e.g., load.
- 03 Inadequate inspection or check of vehicle or equipment.
- 04 Failed to use required safety equipment, device, guard, sign, or signal.
- 05 Operating while fatigued when not necessary or directed.
- 06 Improper use of equipment.
- 07 Improper lifting.
- 08 Failed to take appropriate precautions for adverse environmental conditions (rain, haze, fog, snow, ice, reduced visibility).
- 09 Improper body position.
- 10 Improperly walked, ran, or climbed.

- 11 Failed to stay alert or attentive to what was happening (situational awareness of environment, conditions, and operations).
- 12 Failed to ensure adequate clearance/ space (enough room) for operation.
- 13 Misjudged clearance (improperly estimated or evaluated).
- 14 Improper weapons handling.
- 15 Improper handling of pyrotechnics or explosives.
- 16 Incorrectly pulled or pushed equipment or material.
- 17 Failed to firmly grip or hold equipment or material.
- 18 Inadequate crew coordination or communication.

(Items 19 through 39 reserved for future use.)

Vehicle/equipment specific

- 40 Excessive speed.
- 41 Improper passing.
- 42 Improper turning.
- 43 Failed to yield right-of-way (other than while turning).
- 44 Failed to stop at controlled intersection.
- 45 Improperly stopped or parked.
- 46 Improper backing.
- 47 Failed to use ground guide when required.
- 48 Ground guide used improper or incorrect position, signal, or procedure.
- 49 Following too close for environmental conditions or vehicle speed/design.
- 50 Driving in wrong lane.
- 51 Improper lane change.
- 52 Improper braking.
- 53 Improperly shifted gears on vehicle or equipment.
- 54 Abrupt control or steering response (except while turning).
- 55 Improperly mounted or dismounted vehicle or equipment.
- 56 Operated vehicle or equipment with known malfunction or unsafe mechanical condition.

(Items 57- 74 reserved for future use.)

Supervisor specific

- 75 Improper personnel selection or assignment.
- 76 Knowingly allowed equipment operator to violate procedures.
- 77 Failed to ensure proper positioning of personnel before vehicle equipment operation.
- 78 Failed to inform or brief personnel adequately for mission accomplishment.
- 97 Insufficient information reported to identify mistake or error.

Block 36c. Describe the mistake and how it caused or contributed to the accident. Be specific.

Block 37. Mistakes can be caused by shortcomings of leaders, training, standards/procedures, support, or the individual. Specific causes include:

- **Leader failure:** Standards or procedures are known but are not enforced.
- **Training failure:** Standards exist, but school, unit, or on-the-job training or individual experience is insufficient in content or amount.
- **Standards failure:** Standards or procedures are not clear or practical or do not exist; e.g., AR, TM, FM, SOP, etc.
- **Support failure:** Shortcomings in type, capability, amount, or condition of equipment, supplies, services, or facilities (equipment or materiel not provided or improperly designed, inadequate manufacture or maintenance, or inadequate facilities or services); personnel by quantity or qualifications.
- **Individual failure:** Standards are known but are not followed.

Block 37a. Identify why the mistake was made (specific root cause). See appendix B of DA PAM 385-40 for definitions and a list of questions to help determine the readiness shortcoming or root cause responsible for the mistake or error.

Block 37b. Describe the root cause and tell how it caused the mistake.

Block 38. Enter the codes (no more than three) from the list below to indicate the conditions present at the time of the accident. Also indicate whether the condition caused or contributed to the accident by checking the caused/contributed block and, if YES, explaining in block 39.

- A Clear/dry
- B Bright/glare
- C Dark/dim
- D Fog/condensation/frost
- E Mist/rain/sleet/hail
- F Snow/ice
- G Dust, fumes, gases, smoke, vapors
- H Noise/bang/static
- I Temperature/humidity (cold/heat)
- J Storm, hurricane, tornado
- K Wind/gust/turbulence
- L Vibrate/shimmy/sway/shake
- M Radiation/laser/sunlight
- N Holes/rocky/rough/rutted/uneven
- O Inclined/steep
- P Slippery (not due to precipitation)
- Q Air pressure (bends, hypoxia, decompression, altitude)
- R Lightning/static electricity/ grounding
- S Electromagnetic radiation
- T Other (specify)

Block 39. Provide a brief synopsis of the accident. Explain the sequence of events. Tell how and why the accident happened.

Block 40. Briefly describe all actions taken, planned, or recommended to eliminate, or at least reduce, the root cause(s) of this accident and prevent similar accidents from happening (see appendix B, DA PAM 385-40 for examples).

Block 41. Individual who can answer questions about this accident

NOTE: The information and substantiating data required by this publication are the minimum requirements for reporting accidents to USASC on the AGAR. In addition, the preparer should also submit any other documentation deemed appropriate to substantiate the findings and conclusions or to comply with additional chain-of-command reporting requirements.



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